

Employee Name: _____

Employee Id Number: _____ Date: _____



Request for Accounting of Disclosures of Your Protected Health Information

I. Your Protected Health Information

The Kentucky Employee Assistance Program (KEAP) is a confidential program designed to help employees and their families deal with problems that may affect job performance, their personal life, and their general well-being. KEAP assists employees and their dependents with getting help for any number of personal problems including substance abuse, depression, anxiety, marital problems, financial problems, and problems with parenting. Each person seeking assistance through KEAP receives a confidential assessment with a trained professional. The assessment may be conducted face-to-face or by telephone. Once a thorough assessment is conducted, the KEAP associate may make a referral to the most appropriate professional or resource and provide assistance in making contact with those resources.

Through the assessment/referral process, KEAP may collect and maintain protected health information (“PHI”) that includes personal identifiers, insurance information, and health information. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), KEAP may use and disclose your PHI for treatment, payment, or health care operations including, but not limited to, patient referrals, claims processing, preauthorization, and case management. Other uses and disclosures permitted or required by HIPAA are outlined in KEAP’s Notice of Privacy Practices.

II. Your Rights

You have the right to receive an accounting of disclosures of your PHI made by KEAP in the six years prior to the date on which the accounting is requested except for disclosures (1) to carry out treatment, payment, and health care operations; (2) to you of PHI about you; (3) incidental to a use or disclosure otherwise permitted or required by HIPAA; (4) pursuant to a valid authorization; (5) to persons involved in your care or other notification purposes; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials; (8) as part of a limited data set which is a data set that excludes certain identifying information; or (9) that occurred prior to the compliance date for KEAP which was April 14, 2003.

KEAP must temporarily suspend an individual’s right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency or official provides KEAP with a written statement that such an accounting to the individual would be reasonably likely to impede the agency’s activities and specifying the time for which such a suspension is required.

III. Request for an Accounting of Disclosures

Check any of the below that apply:

I request an accounting of disclosures made by KEAP of my PHI in a “designated record set.”

➤ Time period for which you are requesting an accounting of disclosures made by KEAP:
(Must be six years or less prior to the date of the request for an accounting.)

➤ I request that the accounting of disclosures be mailed to:

Name: _____

Street address/P.O. Box #: _____

City, State, and Zip: _____

Employee Name: _____

Employee Id Number: _____ **Date:** _____

IV. Signature of Member or Member's Personal Representative *(Form MUST be completed before signing.)*

Printed Name of Member

Printed Name of Member's Personal Representative
(If Applicable)

Signature of Member or
Member's Personal Representative

If a Personal Representative – Describe Relationship
to Member. Include authority/documentation proving
status as a Personal Representative.

Date: _____

Remit Form To: Sharron S. Burton, Privacy Officer
Office of Legal Services
Personnel Cabinet
501 High Street, 3rd Floor
Frankfort, KY 40601
Fax: (502) 564-7603
Sharron.Burton@ky.gov

V. KEAP Response to Your Request for an Accounting of Disclosures

KEAP must act on your request for an accounting no later than 60 days after receipt of such a request. If KEAP is unable to provide the accounting within 60 days after receipt of the request, KEAP may extend the time to provide the accounting by no more than 30 days. If a 30-day extension is required, KEAP will inform you, in writing, of the reasons for the delay and the date by which KEAP will provide the accounting.

KEAP must provide you with a written accounting that meets the following requirements. The accounting must include (1) the disclosures of PHI that occurred during the six years (or such shorter time period at the request of the individual) prior to the date of the request for an accounting; (2) disclosures to or by business associates of KEAP; (3) the date of the disclosure; (4) the name of the entity or person who received the PHI and, if known, the address of such entity or person; (5) a brief description of the PHI disclosed; (6) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for disclosure, if any.

If, during the period covered by the accounting, KEAP has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may provide (1) the information (dates, names, descriptions, statement of purpose) from above with respect to the first disclosure during the accounting period; (2) the frequency, periodicity, or number of disclosures made during the accounting period; and (3) the date of the last such disclosure during the accounting period.

If, during the period covered by the accounting, KEAP has made disclosures of PHI for a particular research purpose for 50 or more individuals, the accounting may, with respect to such disclosures for which the PHI about the individual may have been included, provide certain information as specified by HIPAA. KEAP shall, at the request of the individual, assist in contacting the entity that sponsored the research and the researcher.

KEAP must provide the first accounting to an individual in any 12-month period without charge. KEAP may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12-month period, provided that KEAP informs the individual in advanced of the fee and provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

Signature of KEAP Privacy Officer

Date Received: _____

Fee Amount: _____ Date Fee Received: _____

Date Accounting Mailed to Member: _____